

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582520

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		3		
5		1		3		
6		1		3		
7		1		3		
8		1		3		
9						
10				1		
11				3		
12				3		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	8	↓	39	↓		
TOTAL CLAIMS	9		40			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.			↓			
TOTAL DEP.			↓			
TOTAL CLAIMS			↓			